

Name _____ DOB _____

DATE COLLECTED							
SPECIMEN TYPE							
SPECIMEN #							
SMEAR RESULT							
CULTURE RESULT							
NAME OF LAB							

DATE COLLECTED							
SPECIMEN TYPE							
SPECIMEN #							
SMEAR RESULT							
CULTURE RESULT							
NAME OF LAB							

DATE COLLECTED							
SPECIMEN TYPE							
SPECIMEN #							
SMEAR RESULT							
CULTURE RESULT							
NAME OF LAB							

DATE COLLECTED							
SPECIMEN TYPE							
SPECIMEN #							
SMEAR RESULT							
CULTURE RESULT							
NAME OF LAB							

Date of smear conversion _____
Date of culture conversion _____

Initial Susceptibility Results			Additional Susceptibility Results		
Date Collected: _____		Culture or Isolate #: _____	Date Collected: _____		Culture or Isolate #: _____
Laboratory _____			Laboratory _____		
DRUG	SENSITIVE	RESISTANT	DRUG	SENSITIVE	RESISTANT
Isoniazid			Isoniazid		
Rifampin			Rifampin		
Ethambutol			Ethambutol		
Pyrazinamide			Pyrazinamide		